

**MONTGOMERY COUNTY OFFICE OF CONSUMER PROTECTION  
100 MARYLAND AVENUE, ROOM #330  
ROCKVILLE, MARYLAND 20850  
PHONE No. 240-777-3636 - FAX 240-777-3768**

**APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR RADIO,  
TELEVISION & ELECTRICAL APPLIANCE INSTALLATION AND REPAIRS**

**INSTRUCTIONS:**

1. To avoid delay in the processing of your application, please be sure that you have signed the application and that you have answered every question clearly and completely.
2. Return the completed application and the license fee to the Office of Consumer Protection make checks payable to Montgomery County, Maryland.
3. Any changes in the firm's ownership, or other information affecting the validity of this license, must be submitted in writing to this office within ten (10) days of any changes with all pertinent details.
4. If you are a corporation, your corporation must be registered in Maryland and you must provide us the name, address and telephone number of the Resident Agent.

Please check the following boxes where applicable:

**New License** [ ☐ ]

**Renewal License** [ ☐ ]

**Mobile** [ ☐ ]

- I. If Certificate of Registration is issued on behalf of: **SOLE PROPRIETOR OR PARTNERSHIP****

**Full Name of Owner** \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address (if different from Business) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Evening Phone No. \_\_\_\_\_

Total No. of Technicians \_\_\_\_\_

**Full Name of Partner:** \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Evening Phone No. \_\_\_\_\_

**II.** If Certificate of Registration is issued on behalf of: **FIRM OR CORPORATION**

Name of Firm or Corporation \_\_\_\_\_

Trade Name \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_ Total No. of Technicians \_\_\_\_\_

**Resident Agent in Maryland** \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

**President:** \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Business Phone No. \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Evening Phone No. \_\_\_\_\_

**Vice President:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Home Address \_\_\_\_\_

Evening Phone No. \_\_\_\_\_

Any changes in the firm's ownership or other information affecting the validity of this license must be submitted in writing to the Licensing & Registration Unit within ten (10) days of the change with all pertinent details.

- III. **I HEREBY CERTIFY** I do solemnly declare and affirm under the penalties of perjury that the contents of this application are true and correct. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or the revocation of any license that may be issued. By signing this application, I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

\_\_\_\_\_  
**Signature of Individual or Corporate Officer**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Partner's Signature**

\_\_\_\_\_  
**Date**

**LICENSE FEE SCHEDULE**

**NO. OF TECHNICIANS**

**LICENSE FEE**

[ ] **1 - 10**

**\$40.00**

[ ] **11 - 15**

**\$58.00**

[ ] **16 OR MORE**

**\$92.00**

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**FOR OFFICIAL USE ONLY**

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License No. \_\_\_\_\_ Check No. \_\_\_\_\_

License Fee \$ \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date Approved \_\_\_\_\_